

INVENTORY OF CHEMIGATION SYSTEMS

☐ Same as previous years

☐ New Systems

System Name: _____

Chemical: Fertilizer[] Pesticide[] Both[] Water Supply: Domestic[] Ground[] Surface[]

Type of Deliver System: Center Pivot[] Sprinkler[] Surface Irrigation[] Other[]

Legal Description: 1/4 Sec. _____ 1/4 Sec. _____ Section _____ Township _____ Range _____

System Name: _____

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To facilitate the Idaho State Department of Agriculture's (ISDA) audit program, the ISDA requests that you list the names of other licensed chemigators who conduct chemigation at the system listed above.

Print Name

License Number(s)

I certify that:

- 1) The equipment and system I plan to use for chemigation meets the ISDA standards.
- 2) The owner and other persons who will be operating the equipment have read the ISDA Rules for chemigation. (IDAPA 02.03.04)
- 3) The owner and other persons who will be operating the equipment intend to operate and maintain the chemigation system according to the above stated rules.
- 4) All the sites that I plan to chemigate this year have been listed.
- 5) The information on this form (front & back) and all attachments is correct.

DATE: _____ NAME: _____